

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chris Wright

Mailing Address iCare Management
341 Bidwell Street

City State Zip Code
Manchester CT 06040-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
iCare Management, LLC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521476

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce Yarwood

Mailing Address 200 P Street
Apt F31

City State Zip Code
Sacramento CA 95814-6259

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526265

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Margaretta Yarwood

Mailing Address 2637 Marcey Rd

City State Zip Code
Arlington VA 22207-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer
United

Occupation
Flight Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524282

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)